#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Corrected

#### **Facility Information**

Facility Name: OUR HOUSE 16TH STREET (0009293)

Address: 2941 16TH STREET SOUTH, WISCONSIN RAPIDS, WI 54494

**License Status: REGULAR** 

Licensed/Certified/Registered 12/29/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey I	History
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Survey ID: 0095403 End Date: 07/19/2005 **Type: STANDARD** Purpose: SURVEY/SELF REPORT

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009441 Served 08/25/2005

Compliance **Deficiencies Cited** Subject Area Verified

83.07(14)(a) POSTINGS OF CITATIONS AND NOTICES

**Survey ID: 0092972** End Date: 07/01/2004 **Type: OTHER Purpose: SELF REPORT** 

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009304 Served 07/28/2004

Compliance Verified **Deficiencies Cited** Subject Area Corrected 83.15(1)(a) STAFFING PATTERNS 07/19/2005 Yes Yes

83.32(2)(a) INDIVIDUALIZED SERVICE PLAN-SCOPE 07/19/2005

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Compliance

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090793 End Date: 06/10/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10005215 Served 08/18/2003

		Compilation	
<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected
50.065(2)(d)	MAINTAIN BACKGROUND INFORMATION	07/01/2004	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	07/01/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/01/2004	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	07/01/2004	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	07/01/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

#### **Enforcement History**

Date: 07/23/2004 SOD #10009304 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

PROVIDE TRAINING FORFEITURE---83.15(1)(a) FORFEITURE---83.32(2)(a)

Appealed: No Date: 08/14/2003 SOD #10005215

Sanctions

OTHER SANCTION

FORFEITURE---50.065(2)(d) SOD #10005215 FORFEITURE---83.19(1)(d) SOD #10005215 FORFEITURE---83.21(4)(p) SOD #10005215

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